

STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

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CITY CLERK
CITY OF SAN GABRIEL
(MIDDLE)

COSTANZO JULI Lynn

1. Office, Agency, or Court

Agency Name

SAN GABRIEL CITY COUNCIL

Division, Board, Department, District, if applicable

Your Position

COUNCILMEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: SAN GABRIEL RECREATION AGENCY

Position: AGENCY MEMBER

2. Jurisdiction of Office (Check at least one box)

☐ State☐ Judge (Statewide Jurisdiction)☐ Multi-County☐ County of☒ City of SAN GABRIEL☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is _____, through December 31, 2010.

☐ Assuming Office: Date _____☐ Leaving Office: Date Left _____
(Check one)☐ The period covered is January 1, 2010, through the date of leaving office.☐ The period covered is _____, through the date of leaving office.☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☐ Schedule A-1 - Investments - schedule attached☒ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☐ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5.

herein and in any attached schedules is true and complete. I acknowledge this is
I certify under penalty of perjury under the laws of the State of California that

Date Signed

3/30/11
(month, day, year)

Signature

ORIGINAL

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Juli Costanzo</u>

1. INCOME RECEIVED	1. INCOME RECEIVED
NAME OF SOURCE OF INCOME <u>LANDOWN INVESTMENTS</u>	NAME OF SOURCE OF INCOME
ADDRESS <u>DBA HILTON SAN CARLOS</u>	ADDRESS
<u>225 W. Van Ness BL</u>	
BUSINESS ACTIVITY, IF ANY, OF SOURCE <u>SAN CARLOS CA 94716</u>	BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION <u>SALES DIRECTOR</u>	YOUR BUSINESS POSITION
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000	<input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000
<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
<input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income	<input type="checkbox"/> Salary <input type="checkbox"/> Spouse's or registered domestic partner's income
<input type="checkbox"/> Loan repayment	<input type="checkbox"/> Loan repayment
<input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small>	<input type="checkbox"/> Sale of _____ <small>(Property, car, boat, etc.)</small>
<input checked="" type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more	<input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more
<input type="checkbox"/> Other _____ <small>(Describe)</small>	<input type="checkbox"/> Other _____ <small>(Describe)</small>

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE	TERM (Months/Years)
_____	_____ % <input type="checkbox"/> None	_____
ADDRESS		

BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN	
_____	<input type="checkbox"/> None <input type="checkbox"/> Personal residence	
	<input type="checkbox"/> Real Property _____	
		<small>Street address</small>
HIGHEST BALANCE DURING REPORTING PERIOD		<small>City</small>
<input type="checkbox"/> \$500 - \$1,000		
<input type="checkbox"/> \$1,001 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	<input type="checkbox"/> Guarantor _____	
<input type="checkbox"/> OVER \$100,000	<input type="checkbox"/> Other _____	
		<small>(Describe)</small>

Comments: _____